

AO 101		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS			<b>FOR COURT USE ONLY</b>	
(Rev. 04/18)					<b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>						
<i>Please Read Instructions:</i>						
1. NAME <b>Catherine Sadler</b>		2. PHONE NUMBER		3. DATE		
4. DELIVERY ADDRESS OR EMAIL		5. CITY		6. STATE	7. ZIP CODE	
8. CASE NUMBER	9. JUDGE	DATES OF PROCEEDINGS				
		10. FROM		11. TO		
12. CASE NAME		LOCATION OF PROCEEDINGS				
		13. CITY		14. STATE		
15. ORDER FOR						
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	60		363.00
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	13		70.85
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	1,189		4,316.07
HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	21		88.83
REALTIME	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		718		2,154.00
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		6,992.75
18. SIGNATURE				PROCESSED BY		
19. DATE				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY  Cindy Knecht PO Box 326 Wheeling, WV 26003				COURT ADDRESS		
		DATE	BY			
ORDER RECEIVED						
DEPOSIT PAID				DEPOSIT PAID		15,000.00
TRANSCRIPT ORDERED				TOTAL CHARGES		6,992.75
TRANSCRIPT RECEIVED				LESS DEPOSIT		-8,007.25
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		8,007.25
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		

**DISTRIBUTION:** COURT COPY    TRANSCRIPTION COPY    ORDER RECEIPT    ORDER COPY